

1634

TRANSMITTAL FORM*(to be used for all correspondence after initial filing)*

Complete if Known

| | |
|----------------------|---------------|
| Application Number | 09/529,967 |
| Filing Date | 24 April 2000 |
| First Named Inventor | Matti KORPELA |
| Examiner Name | B. Sisson |
| Group Art Unit | 1634 |

TECH CENTER 1600/2900

SEP 23 2002

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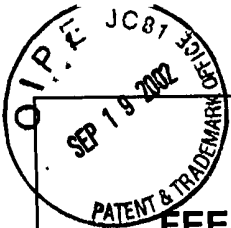
| | | |
|--|------------------------|----------|
| Total Number of Pages in This Submission | Attorney Docket Number | 2328-117 |
|--|------------------------|----------|

ENCLOSURES (check all that apply)

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input checked="" type="checkbox"/> Formal Drawing(s) (11 sheets) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input checked="" type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

REMARKS:

| | | | |
|------------------------|-----------------------------------|--------------------------|---------|
| SUBMITTED BY | | Complete (if applicable) | |
| NAME AND REG. NUMBER | Michael J. Moran, Reg. No. 42,013 | | |
| SIGNATURE | DATE | DEPOSIT ACCOUNT USER ID | 02-2135 |
| <i>Michael J Moran</i> | 9/19/02 | | |



**FEE TRANSMITTAL
for FY 2001
(Small Entity)**

Complete if Known

| | |
|----------------------|----------------------|
| Application Number | 09/529,967 |
| Filing Date | 24 April 2000 |
| First Named Inventor | Matti KORPELA et al. |
| Examiner Name | B. Sisson |
| Group Art Unit | 1634 |

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Total Amount of Payment (\$200.00)

Attorney Docket Number 2328-117

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge additional fees and credit any overpayment to Deposit Account Number 02-2135 in the name of Rothwell, Figg, Ernst & Manbeck

☒ Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17

☒ Applicant claims small entity status.

2. ☒ Payment Enclosed:

☒ Check

☐ Credit Card

FEE CALCULATION

1. FILING FEE

| Fee Code | Fee \$ | Fee Description | Fee Paid |
|----------|--------|------------------------|----------|
| 201 | 370 | Utility filing fee | [] |
| 206 | 165 | Design Filing Fee | [] |
| 207 | 255 | Plant Filing Fee | [] |
| 208 | 370 | Reissue Filing Fee | [] |
| 214 | 80 | Provisional Filing Fee | [] |

SUBTOTAL \$

2. CLAIMS

| | Extra Claims | Fee | Fee Paid |
|--------------------------------------|--------------|--------|----------|
| Total Claims [] - 20** = [] x | | \$ 9 = | [] |
| Independent Claims [] - 3** = [] x | | 42 = | [] |
| Multiple Dependent Claims + | | 140 = | [] |

**or number previously paid, if greater;

SUBTOTAL \$

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Fee Code | Fee Paid | Fee Description | Fee Paid |
|----------|----------|--|----------|
| 205 | 65 | Surcharge - late filing fee or oath | [] |
| 227 | 25 | Surcharge - late provisional filing fee or cover sheet | [] |
| 139 | 130 | Non-English specification | [] |
| 147 | 2,520 | For filing a request for reexamination | [] |
| 112 | 920 | Requesting publication of SIR prior to Examiner action | [] |
| 113 | 1,840* | Requesting publication of SIR after Examiner action | [] |
| 215 | 55 | Extension for reply within first month | [] |
| 216 | 200 | Extension for reply within second month | [200.00] |
| 217 | 460 | Extension for reply within third month | [] |
| 218 | 720 | Extension for reply within fourth month | [] |
| 228 | 980 | Extension for reply within fifth month | [] |
| 219 | 160 | Notice of Appeal | [] |
| 220 | 160 | Filing a brief in support of an appeal | [] |
| 221 | 150 | Request for Oral Hearing | [] |
| 138 | 1,510 | Petition to institute a public use proceeding | [|



#20 RECEIVED
EX-171 w/ordt SEP 23 2002

| | | |
|---|----------------------|----------------------|
| IN THE UNITED STATES PATENT AND TRADEMARK OFFICE | Application No. | 09/529,967 |
| | Filing Date | 24 April 2000 |
| | First Named Inventor | Matti KORPELA et al. |
| | Group Art Unit | 1634 |
| | Examiner Name | B. Sisson |
| | Attorney Docket No. | 2328-117 |
| Title of the Invention: TETRACYCLINE ASSAY METHOD | | |

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AMENDMENT

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

In response to the Office Action mailed 29 April 2002, please amend the above-identified application as follows.

IN THE CLAIMS:

Please cancel claims 11-15 and 20-22 without prejudice to filing one or more divisional applications.

Please amend claims 1, 3-9 and 16-19 as found on the following pages.

Marked-up copies of the original text of the amended claims are attached to this amendment.

Material inserted is indicated by underlining and material deleted is indicated by brackets.

09/20/2002 SDENBOB1 00000040 09529967

01 FC:216

200.00 DP